



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date April 27, 1977	1. Agency Address Georgia Department of Human Resources Assistant Commissioner for Aging and Special Councils - Appalachian Health & Child Development Office - 618 Ponce de Leon Ave., N. E. - Atlanta, Ga. 30306	Application Number 77-111	
Application Number DHR - 140		Date Received MAY 2 1977	Date Completed MAY 17 1977
2. Person to Contact Ms. Donna White		Working Title Secretary IV	Telephone Number 894-4643
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 7/1/76	Latest to present	5. Records Series Title (followed by title used in office, if different) Appalachian Health & Child Development Finance and Budget Monitoring Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Assistant Commissioner for Aging and Special Councils supervises the Office of Aging; Council on Maternal and Infant Health; Council on Family Planning; Council on Developmental Disabilities; Appalachian Health and Child Development Office; and State Office of Economic Opportunity. Other duties and responsibilities of this office are intergovernmental relations, particularly with county and local officials and other respective State associations. Appalachian Health and Child Development Office has the responsibility for the grants management activities for all AH&CD programs (funded under Section 202 of the Appalachian Regional Development Act) State-wide. These duties include designing and implementing a comprehensive management support system to provide technical assistance, monitoring, fiscal control, project development, and data collection necessary to assure the integrity, efficiency, and effectiveness of ARC Health and Child Development programs in the Appalachian region.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: monitoring contracted organizations to determine compliance with Appalachian Regional Development Act regulations. Included are: forms OAS(2)-45 (Rev. 3-76) (DHR Special Encumbrance Code Sheet for Contract Payments which shows name of contractor, contract number, month of reimbursement, signature of fiscal officer and date, requisition number, requisition number; date, fund, object, and budget, description and net amount; unnumbered form (Monthly Statement of Receipts and Expenditures - Title XX) which shows expenditures for personnel, rent and utility maintenance, cash receipts (of payments received) and whether or not equipment purchased with Title XX, IVA, VI or XVI funds has been lost, stolen or destroyed for a given month, certification by official of the program, showing date, signature and title; unnumbered form (DHR Monthly Expenditures-Equipment and Other Expenditures) which shows contract name of program and control number which shows disbursements for equipment File is arranged: alphabetically by name of project.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____? frequent daily reference			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____ 15 cubic feet			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
	X	a. Is this the official copy of the series? If not, where is it? DHR A-95 Review Service Office
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? DHR A-95 Review Service Office + Office of Planning and Budget
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 5 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then, -

- ☒ Hold in the current files area _____ month(s) _____ 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold _____ 3 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>C. Young</i>	4/27/77	<i>Elizabeth N. Crank</i>	4/27/77
State Records Committee (Signature) _____ Date _____			
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>[Signature]</i>	5-16-77
	Secretary of State/Designee	<i>Carroll Hart</i>	5-13-77
	Attorney General/Designee	<i>[Signature]</i>	5-17-77

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Appalachian Health & Child Development Finance and Budget Monitoring Files

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7. by number of items, description, unit cost, and total cost, Details of Certain Expenses by line number, description and amount; unnumbered form giving information on a monthly basis as to number of children attending daily, attendance of staff or substitute and parents; unnumbered form (Report of Fees Collected (ARC), showing month and year, name of program and control number, list of children by name and amount collected for each, total amount collected for month, fees from prior month collected, not remitted, fees from prior month collected, needed this month, fees collected this month, not needed this month, balance fees not needed this month, total amount of check remitted.